



NEWS RELEASE

For Immediate Release:
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Members of Community Transition Task Force Agree to Partnership Approach to Manage Increased Hospital Care Demands of Winter Flu Season

The Community Transition Task Force released the framework for its plan to manage increased volumes of patients requiring acute medical care when the flu season starts this winter. The Community Transition Task Force was convened in June 2001 to track the impacts of the closure of the Genesee Hospital on the Rochester health care system. The task force was convened by the Monroe County Health Department and the Finger Lakes Health Systems Agency.

At the time of the closure of the Genesee Hospital, many patients and physicians were concerned that the remaining hospitals and their emergency departments would be unable to handle the increased volume of patients.

According to County Health Director, Dr. Andrew Doniger, "Throughout the summer and fall, the emergency departments in Rochester have been very busy. I am concerned that a heavy 'flu season' could stress the system resulting in long waiting times in hospital emergency departments and delays in hospital admissions. If all the partners cooperate and share information, further adjustments can be made to be sure that quality of care is not compromised. The hospitals, EMS providers and physicians must continue to make changes in patient care, staffing and scheduling to accommodate the variations in the volume of acutely ill patients in our system."

The Community Transition Task Force has catalogued the available data on the performance of the system that serves patients in need of acute health care services in the Rochester area. Some of the types of data available include:

- 1) Patient Visits to Rochester Emergency Departments,
- 2) Percent of Time Hospital EDs are Code Red for Medical Surgical Care,
- 3) Percent of Time Two or More Hospital EDs are Simultaneously Code Red for Medical Surgical Care,
- 4) Waiting times for Ambulance Turnaround.(Drop Times) at Hospital EDs.

The recent data on these measures is summarized in the Data Update: CommunityTransition Task Force (attached). Reports of data that the task force is monitoring have been placed in binders and are available at the Rundel Library libraries at 115 South Avenue in Rochester.

It is difficult to predict whether this year's flu season will be heavy or light. Since hospital emergency departments are already busy, when the flu season starts, hospital EDs will become even busier.

Members of the Community Transition Task Force have agreed to work together throughout the upcoming flu season to make accommodations for fluctuations in patient volumes in EDs and in the hospitals. The framework of the plan defines two levels of action. At Level 1, when the flu arrives, the members will make adjustments to accommodate increased volumes of acute care. At Level 2, when hospital ED Code Red status begins to occur more frequently, more extensive patient care adjustments will be made.

The Monroe County Medical Society will work with community physicians to assure that extra efforts are made to reduce the number of patients that are seen in Emergency Departments that could be seen safely in offices and clinics. The Monroe County EMS Office and the Monroe-Livingston EMS Council will continue to coordinate the flow of ambulances and diversions to lower volume emergency departments. Hospitals will activate their internal plans for high census periods.

The Monroe County Health Department is monitoring the arrival of the flu in Monroe County. At present, no cases of influenza have been confirmed by laboratory test. When the flu arrives, the Health Department will alert the members of the Community Transition Task Force to implement Level 1 plans.

The Community Transition Task Force will continue to meet monthly and monitor the volumes of patients receiving care in Rochester hospital EDs and coordinate the efforts of the partners.

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Data Update: Community Transition Task Force
12/26/01

The Community Transition Task Force has been monitoring the currently available data regarding the problem of Code Red since the closure of the Genesee Hospital in the spring of 2001. The currently available data is summarized below. A brief explanation of the data precedes each section.

1. Introduction

The public perceives that the problem of Code Red is primarily a problem in the hospital emergency departments. However, hospital administrators understand that Code Red is more of a problem of the ability of the in-patient floors to promptly accommodate new admissions from the emergency departments thereby causing patients to stay in the emergency department for extended periods of time. When patients that need admission remain in the emergency departments for prolonged periods of time, staff cannot see newly-arriving patients as quickly and the emergency department process slows down. When the slowdown becomes prolonged or if there are no more in-patient beds available, the hospital declares Code Red status.

Hospital administrators note that these problems are often determined by the availability of trained professional staff in the hospital setting rather than the total number of beds in the hospital. Other contributing factors include hospital reimbursement for short-stay care, availability of licensed beds for sub-acute care and nursing home and home care admission policies.

For hospitals with integrated medical and psychiatric emergency services, the volume of medical-surgical patients influences the frequency of Code Red for psychiatric care. For hospitals with separate medical-surgical and psychiatric emergency services, Code Red for these two services are not so inter-related.

2. Percent of Time Hospital EDs are Code Red for Medical-Surgical Care:

The percent of time that hospital emergency departments are Code Red for medical-surgical care is largely determined by the hospital's ability to move acutely ill patients into the hospital and ultimately discharge them to an appropriate setting in a timely fashion. When a hospital is on Code Red status, ambulances with less acutely-ill patients are diverted to other facilities.

- Each Rochester hospital has been Code Red for some period of time since the closure of the Genesee Hospital.
- Code Red is most often seen at the two busiest emergency departments in the City of Rochester: Rochester General Hospital and Strong Memorial Hospital. In September and October of 2001, the range of percent of the time during two-week blocks that Strong Memorial Hospital was Code Red was 3% - 19%. The range for Rochester General Hospital was Code Red was 22% - 52%.
- Code Red is less frequent at Highland Hospital, Park Ridge Hospital and Lakeside Memorial Hospital.
- The frequency of hospital Code Red status began to be collected in a centralized fashion in 2000. The data suggests that Code Red was seen more frequently in the summer of 2001 than in 2000 in Rochester hospital emergency departments. In fall of 2001, the frequency of Code Red events was at about the same level as in 2000.

- Code Red at Strong Memorial Hospital and Rochester General Hospital are seen more frequently on Monday and Tuesday compared to weekends.

3. Percent of Time Two Hospital EDs are Simultaneously Code Red for Medical Surgical Care:

When two or more hospitals are Code Red for medical-surgical care, ambulances have fewer available destinations. At this level, the local hospitals routinely enhance their coordination of services to accommodate the increased volumes of patients. When two or more hospital emergency departments are Code Red, the system would be less able to handle a community emergency requiring higher volumes of patients to be seen.

- The frequency of hospital Code Red status began to be collected in a centralized fashion in 2000. Precise data on Code Red frequency by hospital by time and date is only available beginning in April 2001. However, available data suggests that Code Red at two or more hospitals was seen more frequently in the summer of 2001 than in 2000. The frequency of Code Red at two or more hospitals varies substantially by month. June and October 2001 were months of heavy ED utilization and simultaneous Code Red periods.
- In September, 2001, RGH and SMH were simultaneously Code Red 1.2% of the time. In October, both were Code Red 12% of the time.

4. Patient Visits to Rochester Emergency Departments:

The total volume of patients seen in the local hospital emergency departments is a less important determinant of Code Red frequency than the capacity of the in-patient services in the hospital to receive new admissions. Nevertheless, higher average daily volumes of patients in the emergency department makes it more difficult for the hospitals to respond to community emergencies.

- In 1997, 1998 and 1999 the combined number of visits at all Rochester hospital EDs increased. In 2000, the number of ED visits was fairly stable.
- In 2001, the combined number of ED visits declined. Since the closure of TGH, ED visits increased at all the remaining hospital emergency departments, but overall volume has declined.
- The greatest number of ED visits are seen in summer months and the lowest in the fall. A smaller peak is seen in winter months (Jan., Feb., March). The winter peak can cause the greatest demand on hospital care because a larger proportion of visits result in hospital admission in the winter months compared to the summer months.

5. Waiting Times for Ambulance Turnaround (Drop Times) at Hospital EDs:

When hospital EDs are seeing high volumes of patients, ambulances may experience delays in the time required to drop off a patient and become ready for the next call.

- In 2001, for all the Rochester hospitals, the drop times for advanced life support averaged 55 minutes. In 2000, the drop times averaged 53 minutes. These times compare favorably to a national benchmark of 60 minutes.
- During 2001, drop times decreased slightly for advanced life support in April through August, and increased slightly from August to November.